ID FORM

MAR 0 1 2005 FFICE OF LAND QUALITY

HAZARDOUS WASTE	HANDLER	IDENTIFICA	MOIT	FORM

Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide subsequent notification (to update site identification information). As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment#). As a component of the Hazardous Waste Report.				
Site EPA ID Number (see instructions on page 11)	EPA ID Number: IND006049456				
3. Site Name (see instructions on page11)	Legal Name: MID CITY PLATING CO., INC.				
4. Site Location Information (see	Street Address: 921 E. CHARLES ST.				
Instructions on page 11)	City, Town, or Village: MUNCIE	State: IN			
	County Name: Delaware		Zip Code: 47305		
5. Site Land Type (see Instructions on page 11)	Site Land Type: Private County District Federal Indian Municipal State Other				
6. North American Industry Classification System	A. 332813				
(NAICS) Code(s) for the Site (see instructions on page 11)	C.	D.			
7. Site Mailing Address (see instructions on page	Street or P.O. 921 E. CHARLES ST.				
12)	City, Town, or Village: MUNCIE				
	State: IN				
	Country: USA		Zip Code: 47305		
8. Site Contact Person (see instructions on page 12)	First Name: RODNEY	MI:	Last Name: MUZZARELLI		
	Phone Number: 7652892374		Phone Number Extension:		
9. Legal Owner and Operator of the Site (see	A. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):		
instructions on pages 12 and13)	Owner Type: Private County District	Federal	☐ Indian ☐ Municipal ☐ State ☐ Other		
	B. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):		
	Operator Type: Private County District	Federa	☐ Indian ☐ Municipal ☐ State ☐ Other		

X				EPA ID N	lo. IND006	049456
10. Type of Regula	ated Waste Activity (Mark 'X' in the approp	priate boxes. Se	e instructions on pages 13, 14	4, 15, and 16)	
A. Hazardous Wa	ste Activities					
Generator of Hadeler of Hadeler on the Control of Hadeler on the Control of Hadeler	azardous Waste e of the following three cate	enories)		For Items 2 through 6, check all		
	_		116	2. Transporter of Hazard	ious Waste	
waste; or	ar than 1,000 kg/mo (2,200) lbs.) of non-acute hazardou	18	3. Treater, Storer, or Disposer alte) Note: A haz		
b. SQG: 100 to waste; or	3 1,000 kg/mo (200 - 2,200	lbs.) of non-acute hazardou	IS	for this activity		
C. CESQG: Les	ss than 100 kg/mo of non-a	acute hazardous waste		4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity		
In addition, indica	ite other generator activi	ties (check all that apply)		5. Exempt Boller and/or i	Industrial Furna	Č0
d. United State	es Importer of Hazardous V	Vaste		a. Small Quantity C	On-site Burner Ex	emption
e. Mixed Wast	e (hazardous and radioacti	ive) Generator		b. Smelting, Melting	g, RefiningFumad	e Exemption
_	•			6. Underground Injecton	Control	
B. Universal Was	te Activities			C. Used Oil Activities		W
Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):			1. Used Oil Transporter - Indicate a. Transporter D. Transfer Facility	ate Type(s) of A	ctivity(les)	
	Gene	erated Accumula	<u>ated</u>	2. Used Oil Processor and/or F	Re-refiner - Indic	ate Type(s)
a. Batteries				of Activity(les)		
b. Pesticides			ļ	a. Processor		
c. Thermostats				b. Re-refiner		
d. Lamps				3. Off-Specification Used Oil B	lurner	
e. Other (specify)	닏			4. Used Oil Fuel Marketer - Ind	ilcate Type(s) of	
			-	Activity(les)		
g. Other (specify)	lity for Universal Waste			a. Marketer Who Directs Shi tion Used Oil to Off-Specif		
	us waste permit may be req	juired for this activity.		b. Marketer Who First Claims the Used Oil Meets the Specifications		
11. Description of	Hazardous Wastes(see instructions on p	age 16)			
				e Federal hazardous wastes handled at additional page if more spaces are nee		
F006	F008					
						
NATION AND ADDRESS OF THE PARTY						

			EPA	A ID No.	ND006049456
B. Waste Codes for State-Regulated (I.e., non- handled at your site. List them in the ord waste codes.	Federal) Hazardous Waste ler they are presented in	s. Please list the was n the regulations. Use	te codes of the State- an additional page if	regulated haz more spaces	zardous wastes are needed for
	<u> </u>				
				<u> </u>	
12. Comments (see instructions on pa	nge 17)				
		•			
13. Certification I certify under penalty accordance with a system designed to inquiry of the person or persons who m submitted is, to the best of my knowled	assure that qualified pe anage the system, or th ge and belief, true, acci	rsonnel properly gathe nose persons directly r urate, and complete. I	er and evaluate the infresponsible for gather am aware that there a	formation sub ing the inform	omitted. Based on my nation, the information
submitting false information, including t	he possibility of fine and				
Signature of owner, operator, or an authorized representative		Name and Official Title ((type or print)		Date Signed (mm-dd-yyyy)
M. Man tai	GENERAL MANAGE	R RODNEY MUZZAF	RELLI		2/25/05
					
					

Delaware

MAR 0 2 2004

ID FORM



OFFICE OF LAND QUALITY HAZARDOUS WASTE HANDLER IDENTIFICATION

RE 9456 PLATING COMPANY INC RLES ST IN RLES ST UZZARELLI LLES 74 Ext	C 47305 IN 47308	Reason for submittal Subsequent notification to update informationAs a component of the annual or biennial reportAs a component of the annual operation feeswe moved *post office change
PLATING COMPANY INC RLES ST IN RLES ST UZZARELLI RLES	47305 IN 47308	As a component of the annual operation fees
RLES ST IN RLES ST UZZARELLI LES 74 Ext	47305 IN 47308	we moved *post office change
IN RLES ST UZZARELLI RLES 74 Ext	IN 47308	
UZZARELLI LES 74 Ext	IN 47308	we moved *post office change
UZZARELLI LES 74 Ext		
LES 74 Ext	IN 47308	
_ATING.COM	. •	
ATING CO INC LES ST		
IN	47305	
74 Ext		
		Did the owner change?Yes _XNo Date changed:///
		* WARNING
state Indian	federaldistrict other	If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.
		First Name <u> </u>
	privatestateIndian	74 Ext privatemunicipalcountystatefederaldistrict

belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

FIRST BOOKEY	LAST First name MYZZARELL	Title Gov. M.6 R
Signature		Date 02-19-04

IND006049456

MID CITY PLATING COMPANY INC

HAZARDOUS WASTE ACTIVITY	OLQ records		Status in 2003	Status in 2004
GENERATOR LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	_ X _LQ	Out of Business	_X_LQG Non-handler *SQGOut of Business *CEG
TREATMENT, STORAGE, DISPOSAL FACILITY		Active TSDInactive TSDCompleted RCRA closurePost closure activities		Active TSD Inactive TSD Completed RCRA closure Post closure activities
TRANSPORTER S = we transport our own waste C = we transport waste for others X = transporter, status unknown		We transport our own waste (S) We transport for others (C)No longer transport; still in businessOut of business		* If you checked out of business or non-handler, we will deactivate your your ID number. You must reapply for the number before using it again.
EXEMPT BOILER and/or INDU smelting, melting, refining small quantity on site to the USED OIL If you are just a generative series of the series	ng exemption		Mixed Waste Gen	orter of Hazardous Waste erator (hazardous and radioactive)
Transporter Transfer Facility Collection Ctr	Processor Re-refiner	r .	Marketer who directs ship	ment to off-specification burner he oil meets specifications Burner
TRANSFER FACILITY ACTIVITIES Mix Comingle Bulk Repackage Pump Open containers Combine Transfer between vehicles				accumulates > or = 11,000 pounds accumulates < 11,000 pounds
HW CODES Box I on the Uniform F006 F008	HW Manifest		NAICS CODE(S) A code 332 (primary)	that describes your type of business
			(Go to www.na	ics.com to find code list)

Return to: Facilities Data Analysis Section, Office of Land Quality
Indiana Department of Environmental Management
PO Box 6015, 100 North Senate Avenue
Indianapolis, Indiana 46206-6015





OFFICE OF LAND QUALITY HAZARDOUS WASTE HANDLER IDENTIFICATION

	INFORMATION ON FILE as of 12/02/2002	CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittal Subsequent notification to update informationAs a component of the annual or biennial report
RCRA ID	IND006049456	As a component of the annual operation fees
NAME	MID CITY PLATING COMPANY INC	
LOCATION ADDRESS	912 E CHARLES ST	
ADDITEOU	MUNCIE IN 47305	we moved *post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	
CONTACT Title Address	RODNEY MUZZARELLI GEN MGR 921 E CHARLES PO BOX 6 MUNCIE IN 47308	
Phone Fax	765-289-2374 Ext 765-289-2520	
E-mail	ROD@MCPLATING.COM	
OWNER Address	MID CITY PLATING CO INC 921 E CHARLES ST	
	MUNCIE IN 47305	
phone fax	765-289-2374 Ext	
e-mail		Did the owner change?Yes _X_No Date changed:/
Land type Owner type	Pprivatemunicipalcounty statefederaldistrict Indianother	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.
Contact for questions on t	he Last Name MUZZARELLI	First Name <u>ROONEY</u> Phone # <u>765 - 289 - 2374</u>

belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Last Name MUZZARELLI	First name RODNEY	Title GEN, MGR.
Signature		Date 2-24-07

IND006049456

MID CITY PLATING COMPANY INC

HAZARDOUS WASTE ACTIVITY	OLQ records	Current status	Previous (report) year status When ID form is sent with HW report	
GENERATOR LQG = large quantity SQG = small quantity CESQG = conditionally exempt	LQG	X_LQGNon-handler *SQGOut of Business*	X_LQGNon-handlerSQGOut of Business	
TREATMENT, STORAGE, DISPOSAL FACILITY		Active TSD Inactive TSD Completed RCRA closure Post closure activities	Active TSD Inactive TSD Completed RCRA closure Post closure activities	
TRANSPORTER S = we transport our own waste C = we transport waste for others X = transporter, status unknown		We transport our own waste (S) We transport for others (C)No longer transport; still in businessOut of business	* If you have checked out of business or non-handler, we will deactivate your RCRA ID number.	
EXEMPT BOILER and/or INDUSTRIAL FURNACE smelting,melting,refining exemption small quantity on site burner exemption	<u>—</u>	smelting,melting,refining exemption small quantity on site exemption	You must re-notify IDEM before you may reuse the number.	
USED OIL Transporter	Processo	rMarketer who directs ship	ement to off-specification burner	
Transfer Facility Collection Ctr	Re-refine Recyler	Re-refiner Marketer who first claims the oil meets specifications Recyler Off-specification Used Oil Burner		
UNIVERSAL WASTE	TRANSFER FACILITY			
L = large handler S = small handler	<u> </u>	fixCombinePump sulkComingleRepackage	Open containers Transfer between vehicles	
NAICS CODES 332 (primary)	·		(Go to www.naics.com for codes)	
HW CODES Foo6	F008	(Box I c	on the Uniform HW Manifest)	
COMMENTS				



OFFICE OF LAND QUALITY HAZARDOUS WASTE HANDLER IDENTIFICATION

F CEIVED MAR 0 4 2002

ID FORM



	INFORMATION ON FILE as of , 10/26/2001	CHANGES NEEDED (please print)
COUNTY	DELAWARE	Reason for submittalSubsequent notification to update information
RCRA ID	IND006049456	As a component of the annual or biennial reportAs a component of the annual operation fees
NAME	MIDICITY PLATFING COMPANYLING	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305	we moved * post office change
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	we moved *post office change
CONTACT Title Address	RODNEY MUZZARELLI GEN MGR 921 E CHARLES PO BOX 6 MUNCIE IN 47308	
Phone Fax	765-289-2374 Ext 765-289-2520	
E-mail	ROD@MCPLATING.COM	
OWNER Address	MID CITY PLATING CO INC 921 E CHARLES ST	
phone fax	MUNCIE IN 47305 765-289-2374 Ext	
e-mall		Did the owner change?Yes _V_No Date changed://
Land type	(See instructions for codes)	WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.
Contact for questions on t	_	
designed to ensi manage the syst beli <mark>ef, true, acc</mark> u	ure that qualified personnel properly gather and evaluate the in tem, or those persons directly responsible for gathering the infe	pared under my direction or supervision in accordance with a system formation submitted. Based on my inquiry of the person or persons who primation, the information submitted is, to the best of my knowledge and ties under Section 3008 of the Resource Conservation and Recovery Act and for knowing violations."
Last Name	Ajastha Djorta	Title CSCID
	Page 1 of 2	

IND006049456

MID CITY PLATING COMPANY INC

HAZARDOUS ACTIVIT		OLQ records	Current status	Previous (report) year status When ID form is sent with fees or report
GENERATOR LQG = large qual SQG = small qua CESQG = conditi	ntity	LQG	LQGNon-handler * SQGOut of Business*	LQGNon-handler*SQGOut of Business*
TREATMENT, ST			Active TSDInactive TSDCompleted RCRA closurePost closure activities	Active TSD Inactive TSD Completed RCRA closure Post closure activities
TRANSPORTER S = we transport of C = we transport of X = transporter, st	waste for others		We transport our own waste (\$) We transport for others (C)No longer transport; still in businessOut of business	 If you have checked out of business or non-handler, we will deactivate your RCRA ID number. You must re-notify IDEM before
EXEMPT BOILER a INDUSTRIAL FURN. smelling,melling,refining small quantity on site bu	ACE g exemption		smelting,melting,refining exemption small quantity on site exemption	you may reuse the number.
USED OIL Transp	er Facility _	Processor Re-refiner Recyler	Marketer who directs shipn Marketer who first claims th Off-specification Used Oil E	
UNIVERSAL WASTE	- adles	TRANSFER FACILITY		Open containers Transfer between vehicles
L = large ha S = small ha				
NAICS CODES	332 (primary)		(See instruct	ions for NAICS and HW codes)
HW CODES	Door	<u>0002</u>	0003 0007 F006	F007 F008
COMMENTS				

Ou rume Co

see other side --

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

NAME	MID CITY PLATING COMPANY INC	Environmental Affairs Contact	RODNEY MUZZARELLI ·		MAR	0 3 2000	
Change	Is the name change due to a change in ownership? Yes No		921 E CHARLES PO BOX 6 MUNCIE		IN	47308	
LOCATION ADDRESS	912 E CHARLES ST MUNCIE IN 47305		Phone 765-289-2374 Fax 765-289-2520 E-mail	Ext			
Change		Change	· · · · · · · · · · · · · · · · · · ·	:			
	We moved PO change Other (please explain)	,					
MAILING ADDRESS	921 E CHARLES ST PO BOX 6 MUNCIE IN 47308	Fees Contact	RODNEY MUZZARELLI				
Change	III 4/308		921 E CHARLES PO BOX 6 MUNCIE		IN	47308	,
			Phone 765-289-2374 Fax 765-289-2520 E-mail	Ext			
OWNER	MID CITY PLATING CO INC 921 E CHARLES ST	Change					
Change	MUNCIE IN 47305						
		SIC CODES Change	3471 3559 3089	3490)		J.
						-	

Hazardous Waste Handler	Update For	m Page 2		USED OIL	(Mark any ap	plicable, if th	ney are not alread	y-marked)-	
Name MID CITY PLATING COMP RCRA ID IND006049456		DELAWARE			Markerter wh	o directs shi	pment to off-spec	ification bu	rner
HAZARDOUS WASTE ACTIVI	<u>TY</u>				Marketer who	first claims	that the oil meets	specificati	ons
	DEM records	Last year Activity	Future Activity		Used Oil Bur	ner	utility boile		
GENERATOR TYPE	LQG	LOG, SQG, a	LQ6		-	,· 	industrial fo	urnace	
TRANSPORTER TYPE S = we transport our own waste C = we transport waste for others X = transporter, status unknown			, 	<u> </u>	Transporter Transfer Fac	ility		Re-ref	tion Center
TSD TYPE (includes inactive TSDs who have not completed RCRA closure)				UNIVERS	Handler type		applicable, if they o		eady marked)
POST CLOSURE ACTIVITY					Transporter Destination f	acility			•
NON HANDLER *		·		TRANSFE	R FACILITY				
OUT OF BUSINESS *				x	Mix	X	Bulk	X	Transfer between vehicle
ONE TIME GENERATOR * *If you have checked one of these ca and you will have to reapply for it if you				x	Combine Comingle		Pump Repackage		Open containers
				COMMENTS	·				
HAZARDOUS WASTE FUEL	Mark any applical	ble, if they are r	not already marked)					-	
Generator Marketing to Bu	rner	Uțil	lity Boiler						
Other Marketer		Ind	ustrial Boiler						
Boiler / Industrial Furnace		Ind	ustrial Furnace	SIGN DATE	ATURE	21-0	ulha	Ma	retin Ceci

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

EPA ID NAME	IND006049456 MID CITY PLATING COMPANY INC	COUNTY DELAWARE			
Change		*** HAZARDO	DUS WASTE	ACTIVITY	* * *
J	Is the name change due to a change in ownership? yes no		<u>DEM</u>	<u>1998</u>	<u>Future</u>
LOCATION ADDRESS	416 S HACKLEY ST	GENERATOR TYPE	LQG		
	MUNCIE IN 47305	LQG, SQG, or CEG			
Change	921 E. CHARLES ST	TRANSPORTER TYPE S = we transport our own waste		- 1	
	We moved PO change X Other (please explain)	C = we transport waste for others X = transporter, status unknown			
		TSD TYPE			
MAILING ADDRESS	416 S HACKLEY ST	(includes inactive TSDs who have not completed RCRA closure))		
Change	MUNCIE IN 47305 921 E. CHARLES	POST CLOSURE ACTIVITY		******	
	P.O. BOX 6 47308	NON HANDLER *			
FEE CONTACT	RODNEY MUZZARELLI	OUT OF BUSINESS *		******	
		ONE TIME GENERATOR *			
	Phone: 765-289-2374 Fax: 765- 289-2520	 If you have checked one of these cate and you will have to reapply for it if yo 			
Change		SIC CODES 3471			
		Change		·	_
OWNER	ZZZ - UNKNOWN	COMMENTS		···	
			*	****	
Chango					
Change		SIGNATURE		·	
		DATE - FAN 14,19	999	2	



Indiana Department of Environmental Management

Not a location change.
Moved entrance of building from
One corner of building to
another corner. Radney Muzzarelli

We make Indiana a cleaner, healthier place to live

Frank O'Bannon Governor

John M. Hamilton
Commissioner

100 North Senate Avenue P.O. Box 6015 Indianapolis, Indiana 46206-6015 (317) 232-8603 (800) 451-6027 www.ai.org/idem

February 25, 1999

Mr. Rodney Muzzarelli Mid City Plating Company, Inc.

921 E. Charles St

P. O. Box 6

Muncie, Indiana 47305

Dear Mr. Muzzarelli:

This is in response to your Hazardous Waste Handler Information Update form (enclosed) regarding the following installation:

U.S. EPA ID Number: IND006049486 Location of Installation: 921 E. Charles Street Muncie, Indiana 47305

According to the information submitted, the above installation has changed locations. Our records indicate the current address is:

416 S. Hackley Street Muncie, Indiana 47305

If a facility moves to another location, the owner must notify the Indiana Department of Environmental Management of this change. U.S. EPA Identification Number (U.S. EPA ID) numbers are site specific. Since your facility has changed locations, a new U.S. EPA ID number will be assigned.

Enclosed is a Notification of Regulated Waste Activity Form (located in the back of the booklet) to be filled out and returned to:

Indiana Department of Environmental Management Office of Solid and Hazardous Waste Management P. O. Box 7035 Indianapolis, Indiana 47207-7035

If you have any questions, please contact me at 317-232-7956.

Sincerely,

Marilyn J. Hansen, Environmental Manager

Waste Data Analysis and Planning

Operations Branch

Office of Solid and Hazardous Waste Management

Enclosure

STATE OF INDIANA 1995 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

11.7

EPA ID:	IND006049456 :	COUNTY: DELAWARE			
NAME:	MID CITY PLATING COMPANY INC	*** HAZARDO	US WAS	TE ACTIVI	LA ***
Change	:		DEM	1995	Future
Is the name change	e due to a change in ownership? yes no				
LOCATION ADDRESS:	416 S HACKLEY ST MUNCIE IN 47305	GENERATOR STATUS	LQG	LOG (please indicat	LQG, SQG, or CEG)
Change	·	TRANSPORTER STATUS S=we transport our own waste C=we transport commercially		<u>C</u>	<u>C</u>
Is the location add	ress change due to a move or did the Post Office change your address? PO changeOther (please explain in comments)	TSD STATUS (includes inactive TSD's who have not completed RCRA closure)			
MAILING ADDRESS:	416 S HACKLEY ST MUNCIE IN 47305	POST CLOSURE STATUS (indicates site has post closure activity)	R	ECF	
Change		* NON HANDLER	1	MAR 0 4	1006
Citaling			l	MAK U T	1220
		OUT OF BUSINESS	Ì	- UCCAN CINE	.;, J
CONTACT:	RODNEY MUZZARELLI	* ONE TIME GENERATOR	EN	PONMENTAL	MANAGEMENT
	317-289-2374	* If you have checked one of these cat you will have to reapply for it if you en			
Change		SIC CODES: 3471 PRIMARY	8BCOND/	ARY	
OWNER:		COMMENTS:			· · · · · · · · · · · · · · · · · · ·
Change		SIGNATURE: MATE	Ja /	Parti:	
			~//	·	- PHU

49/97

county	Dolamare
file	

NOTIFIER DATABASE INFORMATION UPDATE FORM

EPA ID IND 0060	54945 GNAME Mid City Plating	
REVIEW ATTACHE	O NOTIFICATION AND CHANGE ANY INFORMATION THAT IS OUR CURRENT INFORMATION *** <u>IF</u> THE LOCATION ADDRES ON NOT MAKE ANY CHANGES. RETURN THE FORM TO JENNY	S
NEW NAME *put old name in	PREVIOUS IDto alias field	
LOCATION:	MAILING: ADDRESS	
CONTACT:	phone:	
address:	phone:	
address:		 — . —
LAND TYPE:	OWNER TYPE:	
STATUS CODE:	SIC CODES: primary secondary	
GENERATOR: 1 = LQG 2 = SQG 3 = CEG	TRANSPORTER: TSD: RECYCLER: C = commercially r = non compared to the commercial representation of t	ommer
HWF-GMB-FL OSUOF-GMB-FL SPEC-OIL-MKTR-FL UTIL-BOILER-FL	HWF-OM-FL HWF-BURNER-FL OSUOF-OM-FL OSUOF-BURNER-FL INDUS-FURN-FL	
AIR-FL RAIL-	FL HIGHWAY WATER-FL OTHER	
NAME: Lanny Ran	over_	

COMMENTS: These Dec	sple Were code	ed as non-hau	dleis_
in DEM	database, but	were active	in EPA's at
TNGTNEDAMOD	CONTAINERS	TANKS	
INCINERATOR SURF-IMPOUND WASTE-PILES	LANDFILL	LAND-TREAT	
LAND-DISP-UNIV	STORE-TREAT-UNIV _		
* Our database i	need and 4 rome u	corrected,	

OMB#: 2050-0024 Expires 9/30/92

OVER -->

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: **PROTECTION AGENCY** Mid-City Plating Co., Inc. SITE NAME 1991 Hazardous Waste Report 416 S. Hackley St. Muncie, Indiana 47305 **IDENTIFICATION AND FORM** I N D 0,0,6 0, 4, 9 4, 5, 6 CERTIFICATION EPA ID NO. Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form. **INSTRUCTIONS:** Site name and location address. Complete items A through H. Check the box 🖂 in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6 A. EPA ID No. Same as label 🔯 or ☐ 1 Yes D. Has the site name associated with this EPA ID changed since 1989? C. Site/company name 2 No Same as label E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label 1. Zip Code F. City, town, village, etc. Same as label Same as tabel Mailing address of site. Instruction page 6 1 Yes (SKIP TO SEC. III) A. Is the mailing address the same as the location address? \mathbf{K} 2 No (GO TO BOX B) B. Number and street name of mailing address P.O. Box 6 D. State E. Zip Code C. City, town, village, etc. Muncie Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6 SEC. III B. Title M.I. A. Please print: Last name 13111711218191 - 121317141Muzzarelli L. owner Rodney Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined SEC. IV activities of the site. Instruction page 7 N/A N/A L N/A LLL 1171418 "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person SEC. V or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." First name A. Please print: Last name Rodney owner Muzzarelli D. Date of signature 1.912.1 1013 0_{1}^{2} YR. DAY MO. Page 1 of

EPA Form 8700-13A/B

(Revised 8-91)

Sec. VI - Generator Status	EPA ID NO.	N 1D 01016 01 41 9 4 15 16
Instruction page 7 (CHECK ONE BOX BELOW)	B. Reason for not generating Page 9 (CHECK ALL THAT APPLY)	
	Never generated Out of business Only excluded or delisted waste	Only non-hazardous waste Periodic or occasional generator Waste minimization activity Other (SPECIFY COMMENTS IN BOX BELOW)
Sec. VII - On-Site Waste Management S	Status	
A. RCRA permitted or interim status storage Instruction page 10	B. RCRA permitted or interim status treatment, disposal, or recycling Page 10	C. RCRA-exempt treatment, disposal, or recycling Page 11
3	Ш	3
Sec. VIII - Waste Minimization Activity du	ıring 1990 or 1991	
Did this site begin or expand a source reduction activity during 1990 or 1991? Instruction page 11	Did this site bogin or expand a recycling activity during 1990 or 1991? Page 12	C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991? Page 12
1 Yes 2 No	☐ 1 Yes ☑ 2 No	☑ 1 Yes □ 2 No
D. Did any of the factors listed below delay or limit Page 12 (CHECK YES OR NO FOR EACH ITEM)	this site's ability to initiate new or additiona	al <u>source reduction</u> activities in 1990 or 1991?
□1 ☑ 2 b. Lack of technical information of the capital investment □1 □ 2 d. Concern that product quality in the capital investment □1 □ 2 e. Technical limitations of the properties of the pro	mplemented additional reduction does no mplemented - additional reduction does no mplemented - additional reduction does no IN BOX BELOW)	to the specific production processes inagement or production will not recover of appear to be technically feasible of appear to be feasible due to permitting requirements
E. Did any of the factors listed below delay or limit Page 12	this site's ability to initiate new or addition	al on-site or off-site <u>recycling</u> activities during 1990 or 1991?
(CHECK YES OR NO FOR EACH ITEM)	V., M.	•
Yes No □ 2 a. Insufficient capital to install no or implement new recycling p	ractice	h. Technical limitations of production processes inhibit on-site recycling
		i. Permitting burdens inhibit recycling j. Lack of permitted off-site recycling facilities
	feasible: cost savings in 1 2	k. Unable to identify a market for recyclable materials l. Recycling previously implemented additional recycling does not appear to be technically feasible
1 2 d. Concern that product quality of recycling	may decline as a result 1 2	m. Recycling previously implemented additional recycling does not appear to be economically feasible
1 2 e. Requirements to manifest was site for recycling	stes inhibit shipments off 1 2 2	n. Recycling previously implemented - additional recycling does not appear to be feasible due to
□ 2 f. Financial liability provisions in recycling	О. П.	permitting requirements
Tecycling Technical limitations of produshipments off site for recycling	ction processes inhibit	o. Other (SPECIFY COMMENTS IN BOX BELOW)
Comments:		
		Page 2 of 5

file Diamane

NOTIFIER DATABASE INFORMATION UPDATE FORM

JUN 1 7 1992

EPA ID	id City Plating
EFR 10	J. S. EPA, REGION Y SWB - PMS
REVIEW ATTACHED NOTIFICATION AND DIFFERENT FROM OUR CURRENT INFORM IS DIFFERENT DO NOT MAKE ANY CHAN RANCK DOOLEY. ***	ATION *** IF THE LOCATION ADDRESS
NEW NAME *put old name into alias field	PREVIOUS ID
LOCATION: MA	ILING:
ADDRESS AD	DRESS
CONTACT:	phone:
address:	
OWNER:	phone:
address:	
LAND TYPE: OWNER TYPE:	JUN 24 OFFI AND WA
STATUS CODE: SIC OFF FLAG:	CODES: primary Secondary Secondary
GENERATOR: TRANSPORTER: s = for own waste commercially a = CEG	TSD: RECYCLER: C = Commercial r = non commer n = not a recy
HWF-GMB-FL	
	WATER-FL OTHER
NAME: Jenny Ranck Dooley DAT	E: <u>6/1/92</u> over

OMB#: 2050-0024 Expires 9/30/92



	SALED BLANKS	٠.
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		U.S. ENVIRONMENTAL
	§ 1 5	PROTECTION AGENCY
SITE NAME Mid-City Plating Co., Inc. 416 S. Hackley St.		1991 Hazardous Waste Report
Muncie, Indiana 47305	THE PROTECTS	1991 Hazardous Waste Report
_Muncle,_indiana_4/305		
1 11 11 11 1	FORM	IDENTIFICATION AND CERTIFICATION
EPAID NO. [IN D 0 0 6 0 4 9 4 5 6		CENTIFICATION
		J
INSTRUCTIONS: Read the detailed instructions beginning on page	e 6 of the 1991 Hazardous V	Vaste Report booklet before completing this form.
SEC. 1 Site name and location address. Complete items A through H. C	hack the hov 🔯 in items A	C. F. F. G. and Hill same as label: if
different, enter corrections. If label is absent, enter information.		
). County	
Same as label 🖾 or	Delaware	
C. Site/company name). Has the site name associated with	this EPA ID changed since 1989?
Same as label 🖾 or ——>		₩ 2 No
E. Street name and number. If not applicable, enter industrial park, building name or other physics	I location description.	
Same as label	<u></u>	
F. City, lown, village, etc.	G. State Same as label	1. Zip Code Same as label ☑
Same as label O		
SEC. II Mailing address of site. Instruction page 6		
		>0
A. Is the mailing address the same as the location address?	TO SEC. III)	> 0
∑ 2 No (GO	TO SEC. III) ro Box B)	A ID TO
B, Number and street name of mailing address	•	2 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
B. Number and street name of mailing address P.O. Box 6	ro BOX B)	3 8 00 MENCE OF DAYS WAS TENED
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc.	D. State	2 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
B. Number and street name of mailing address P.O. Box 6	ro BOX B)	A 7, 3, 9, 83
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc.	D. State	A 7 3 0 8 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc.	D. State	E. Zip Code 4 7, 3, 9
8. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie	D. State IN contacted if questions aris	E. Zip Code 4 7, 3, 9
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b	D. State IN contacted if questions aris	E. Zip Code 4 7, 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b	D. State IN contacted if questions aris	E. Zip Code 4 7, 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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8. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L.	D. State L N e contacted if questions aris B. Title Owner	E. Zip Code 4 7, 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that des the services rendered at the site's physical location. Enter more	D. State IN Contacted if questions aris B. Title Owner	E. Zip Code 4 7 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. Enter the Standard Industrial Classification (SIC) Code that des	D. State IN Contacted if questions aris B. Title Owner	E. Zip Code 4 7 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that des the services rendered at the site's physical location. Enter more activities of the site. Instruction page 7	D. State IN Contacted if questions aris B. Title Owner	E. Zip Code 4 7 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that des the services rendered at the site's physical location. Enter more activities of the site. Instruction page 7 A. B.	D. State IN e contacted if questions aris 8. Title Owner cribes the principal products than one SIC Code only if not contacted.	E. Zip Code 4 7, 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that des the services rendered at the site's physical location. Enter more activities of the site. Instruction page 7 A. B.	D. State IN e contacted if questions aris b. Title owner cribes the principal products than one SIC Code only if necessarians.	E. Zip Code 4 7 3 0 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that des the services rendered at the site's physical location. Enter more activities of the site. Instruction page 7 A. 3141711 B. N/A L.L.	D. State IN e contacted if questions aris b. Title owner cribes the principal products than one SIC Code only if not code.	e regarding this report. Instruction page 6 C. Telephone 13 11 17 12 18 191 12 13 17 14 1 Extension 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should be A. Please print Last name First name Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that dest the services rendered at the site's physical location. Enter more activities of the site. Instruction page 7 A. 3 4 7 1 B. N/A	D. State L N e contacted if questions aris B. Title Owner cribes the principal products than one SIC Code only if n C. N/A ents were prepared under mer and evaluate the information	e regarding this report. Instruction page 6 C. Telephone 13 17 17 12 18 19 1 - 12 13 17 14 1 Extension
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8. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that des the services rendered at the site's physical location. Enter more activities of the site. Instruction page 7 A. 3141711 B. N/A L.L. SEC. V **I certify under penalty of law that this document and all attachms system designed to assure that qualified personnel properly gath or persons who manage the system, or those persons directly respect of my knowledge and belief, true, accurate and complete. I Resource Conservation and Recovery Act for submitting false inforviolations.** A. Please print Last name First name	D. State L N e contacted if questions aris B. Title OWNET C. N/A Interport of the principal products than one SIC Code only if not the principal products than one SIC Code only if not the principal products than one SIC Code only if not the principal products than aware that there are significant aware that there are significant including the possible for gathering the inamaware that there are significant including the possible for gathering the inamaware that there are significant including the possible for gathering the inamaware that there are significant including the possible for gathering the inamaware that there are significant including the possible for gathering the possible for gathering the inamaware that there are significant including the possible for gathering the possible	E. Zip Code 4 7 3 0 9 2 2 3 7 4 7 3 0 9 2 2 3 7 4 4 7 3 0 9 2 2 3 7 1 4 4 5 9 2 9 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
B. Number and street name of mailing address P.O. Box 6 C. City, town, village, etc. Muncie SEC. III Name, title, and telephone number of the person who should b A. Please print Last name First name M.I. Muzzarelli Rodney L. SEC. IV Enter the Standard Industrial Classification (SIC) Code that des the services rendered at the site's physical location. Enter more activities of the site. Instruction page 7 A. B. N/A	D. State IN e contacted if questions aris B. Title Owner C. N/A Interpolation on SIC Code only if notes than one SIC Code only if notes are and evaluate the information of gathering the information, including the possible for gathering the information, including the possible formation, including the possible for gathering the information, including the possible formation, including the possible for gathering the information, including the possible for gathering the information the information that the information the information the information that the information the information the information that the information the information that the information	E. Zip Code 4 7 3 0 9 2 2 3 7 4 7 3 0 9 2 2 3 7 4 4 7 3 0 9 2 2 3 7 1 4 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 2 1 3 1 7 1 4 2 1 8 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9

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Page 1 of



Sec. VI - Generator Status	EPA ID NO.	IN ID 01016 01 41 9 415 16
A. 1991 RCRA generator status instruction page 7 (CHECK ONE BOX BELOW)	B. Reason for not generating Page 9 (CHECK ALL THAT APPLY)	
☐ 1 LQG ☐ 2 SQG ☐ 3 CESQG ☐ 4 Non generator (CONTINUE TO BOX B)	1 Never generated 2 Out of business 3 Only excluded or delisted waste	☐ 4 Only non-hazardous waste ☐ 5 Periodic or occasional generator ☐ 6 Waste minimization activity ☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)
Sec. VII - On-Site Waste Management S	Y	,
A. RCRA permitted or interim status storage Instruction page 10	RCRA permitted or interim status treatment, disposal, or recycling Page 10	C. RCRA-exempt treatment, disposal, or recycling Page 11
[3]		[3]
Sec. VIII - Waste Minimization Activity du	uring 1990 or 1991	
Did this site begin or expand a source reduction activity during 1990 or 1991? Instruction page 11	Did this site bogin or expand a recycling activity during 1990 or 1991? Page 12	C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991? Page 12
☐ 1 Yes ☑ 2 No	☐ 1 Yes ☑ 2 No	☑ 1 Yes □ 2 No
□1 ☑ 2 b. Lack of technical information of the capital investment □1 □ 2 d. Concern that product quality in the capital investment □1 □ 2 e. Technical limitations of the properties of the pro	ow source reduction equipment or implement on source reduction techniques applicable imically feasible: cost savings in waste may decline as a result of source reduction oduction processes Implemented additional reduction does not replemented additional reduction does not replemented.	ent new source reduction practices to the specific production processes anagoment or production will not recover to tot appear to be technically feasible of appear to be feasible due to permitting requirements
Page 12	this site's ability to initiate new or addition	at on-site or off-site <u>recycling</u> activities during 1990 or 1991?
(CHECK YES OR NO FOR EACH ITEM) Yes No	Yes No.	
Yes No □ 2 a. Insufficient capital to install no or implement new recycling p	ow recycling equipment 🖺 1 🔲 2	h. Technical limitations of production processes inhibit on-site recycling
☐ 2 b. Lack of technical information applicable to this site's specific	on recycling techniques 🔲 1 🔼 2	i. Permitting burdens inhibit recycling
□ 2 c. Recycling is not economically waste management or product capital investment	feasible: cost savings in 1 2	j. Lack of permitted off-site recycling facilities k. Unable to identify a market for recyclable materials 1. Recycling previously implemented — additional
☐1 ☐ 2 d. Concern that product quality of recycling	may decline as a result 🔲 1 🛛 2	recycling does not appear to be technically feasible m. Recycling previously implemented – additional
1 2 e. Requirements to manifest was site for recycling	stes inhibit shipments off 1 2	n. Recycling previously implemented - additional recycling does not appear to be fessible due to
☐ 2 f. Financial liability provisions in recycling ☐ 2 g. Technical limitations of produshipments off site for recycling	ction processes inhibit	recycling does not appear to be feasible due to permitting requirements o. Other (SPECIFY COMMENTS IN BOX BELOW)
Comments:		

Page 2 of ____5

Office of Solid & Hazardous Waste Management INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

105 South Meridian Street P.O. Box 6015

<u>STA</u>

Indianapolis, IN 46206-601 AR 23

9 14 AM '88

ENVIRONMENTAL COORDINATOR 66-01 IND006049456 MID CITY PLATING COMPANY, INC. 416 SOUTH HACKLEY STREET MUNCIE, IN

47305

FORM E:

OFFICE OF LULID WAInstallation Ide

SOLID WASTE MANAGEMENT BOARD
INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.52.
I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 19 <u>87</u> FORM G:
GENERATOR BIENNIAL REPORT FORM F: FACILITY BIENNIAL REPORT
DID NOT GENERATE/TSD HAZARDOUS SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE GENERATE LESS THAN GENERATE BETWEEN
100 Kg PER MONTH 100 & 1000 Kg PER MONTH
II. INSTALLATION'S EPA I.D. NUMBER I N D 0 0 6 0 4 9 4 5 6
III. NAME OF INSTALLATION MIID-CITY PLATITAGE CO ENCL
IV. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX PIOI BIOISE 161, 1 141/161 ISI HAICKILEISI ISIZI I I I I I I
CITY OR TOWN MILLIACLIFE ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
STATE IIN ZIP CODE 4 1713 1015
V. LOCATION OF INSTALLATION
STREET OR P.O. BOX 41/161 ISI HIAICIKI CIKI CIKI CIKI CIKI CIKI CIKI CI
CITY OR TOWN MULMCIAE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
STATE THE CORP.
VI. INSTALLATION CONTACT
Last Name First Name Phone (area code & no.)
MUIZIZIAI RIEI (1611 1 1 1 1 ROIDINI EIGI 1 1 1 1 1 31/171/1218191-12131714
VII. CERTIFICATION
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
RODNEY MUTICIPALI VI 18 Shell 21 MAR 88
(A.) PRINT OR TYPE NAME AND TITLE (B.) SIGNATURE (C.) DATE SIGNED
Please print or type with ELITE type (12 characters per inch). PAGE 1 OF /

State Form 19288R Revised 10/87

ffice of Solid & Hazardous Waste M A DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

105 South Meridian Street

STA +

P.O. Box 6015 Indianapolis, IN 46206-6015

ENVIRONMENTAL COORDINATOR 66-01 IND006049456 MID CITY PLATING COMPANY, INC. 416 SOUTH HACKLEY STREET MUNCIE, IN 47305

FORM E:

OFFICE OF SOLID
AND HAINSTAllation Ide
WASTERM

SOLID WASTE MANAGEMENT BOARD	
INSTRUCTIONS: Please refer to the specific instructions before completing this form. The herein is required by IC 13-7-8.52.	information requested
I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DECFORM G: GENERATOR BIENNIAL REPORT FACILITY BIENNIAL RE	
	HAZARDOUS WASTE TE BETWEEN OKg PER MONTH
II. INSTALLATION'S EPA I.D. NUMBER I ND 006049456	
III. NAME OF INSTALLATION MII DI-CIITY IPLATI AG COLT	NC
IV. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX PIOI BIOIS 161, 1 141/161 ISI HAICKICIEIY ISI	71
CITY OR TOWN MILLIACLIFE ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1111111
STATE IIN ZIP CODE 4 1713 C)
V. LOCATION OF INSTALLATION	
STREET OR P.O. BOX 41/161 151 14/14/14/14/15/17 1 1 1 1 1 1 1 1	1111111
CITY OR TOWN MILLING / ET	
STATE TO SUBJECT TO SU	WARE
VI. INSTALLATION CONTACT	4/1-1
Last Name First Name Phon	e (area code & no.)
MUZIZIAIRE (KI 1	1/1218191-12131714
VII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared supervision in accordance with a system designed to assure that qualified personnel proper the information submitted. Based on my inquiry of the person or persons who manag persons directly responsible for gathering the information, the information submitted knowledge and belief, true, accurate, and complete. I am aware that there are significant p false information, including the possibility of fine and imprisonment for knowing violations.	rly gather and evaluate e the system, or those is, to the best of my enalties for submitting
ROSNEY MUTTARISLI, V.P.	21 MAR 88
(A.) PRINT OR TYPE NAME AND TITLE (B.) SIGNATURE	(C.) DATE SIGNED
Please print or type with ELITE type (12 characters per inch).	PAGE _1_OF
·	/ 1

State form 19288R Revised 10/87

TO 我说: \$⁹⁰ 15. 故久 之丧。 \$15. 11. 156

William .

IX. DESCRIPTION OF HAZARDO	US WASTES (continued fro	om fronti		ASSESSED OF CHARACTER
A. HAZARDOUS WASTES FROM NON waste from non—specific scarces your	SPECIFIC COLLEGES		CFR Part 261.31 for each listed	hazardous
FOOR FO	09	4 10	23 - 26	3
20 80 10 10 10 10 10 10 10 10 10 10 10 10 10				
B. HAZARDOUS WASTES FROM SPEC specific industrial sources your installa	IFIC SOURCES. Enter the fourtion handles. Use additional sh	r-digit number from 40 CFR Parets if necessary.	t 261,32 for each listed hazard	Ous waste from
PIOC PI	2 15	16		8
a1 so	21	22 22	23 26 23	26
23 26 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25	27	28 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	29 20 20 23	
C. COMMERCIAL CHEMICAL PRODUC stance your installation handles which	may be a nazardous waste. Use	nter the four—digit number from a additional sheets if necessary.	40 CFR Part 261.33 for each cl	hemical sub-
PIOG PI	2/	34	35 30	26
43 44	25 25 26 45	23 - 26 46 H H H H H H H H H H H H H H H H H H H	23 26 22 48	
D. LISTED INFECTIOUS WASTES. Ente hospitals, medical and research laborate	er the four-digit number from pries your installation handles.	40 CFR Part 261.34 for each lister Use additional sheets if necessary	23 26 23 ed hazardous waste from hospit	als, veterinary
49 50	The state of the s	52	53	
E. CHARACTERISTICS OF NON-LISTE hazardous wastes your installation hand	D HAZARDOUS WASTES, Miles. (See 40 CFR Parts 261.21	lark "X" in the boxes correspond — 261,24.)	ing to the characteristics of nor	n-listed
I certify under penalty of law tha attached documents, and that based believe that the submitted inform mitting false information, including	a on my inquiry of those t ation is true, accurate, and	individuals immediately respo I complete I am aware that	information submitted in	
IGNATURE MANAGEMENT	NAME & O	FFICIAL TITLE (type or print) EV MUZZAP=11	OITMAN 8/	INED / Q a
PA Form 8700-12 (6-80) REVERSE	17.000		F ~1. POR O	0/80

objectifile